



Bucharest in Music

International Festival

Registration Form

ARTIST

NICKNAME/FACEBOOK.....

BORN.....IN..... ADDRESS

STR.N.....

CITY.....COUNTRY.....TEL.....

E-MAIL..... DOCN.....

(in the case of the minor doc of the parent) DOC.....NR.....

I WOULD LIKE TO REGISTER TO **Bucharest in Music Festival** AS :

SINGER / INTERPRETER

CHOOSE THE CATEGORY:

BABY (5 ai 10 YEARS OLD) JUNIOR (11 ai 15 YEARS OLD)

GIOVANI (16 ai 36 YEARS OLD) SENIOR (OVER37)

SONG 1 (NATIVE LANGUAGE)

TITLE / AUTHOR

SONG 2 (INTERNATIONAL)

TITLE/AUTHOR.....

I DECLARE THAT I AGREE WITH ALL THE ARTICLES OF THE REGULATION OF BUCHAREST IN MUSIC FESTIVAL

DateSignature

Signature of the parent (in case of minor).....